Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10/713,935

) -	<u> </u>	<u> </u>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL	
TO	TAL CLAIMS	52						RATE	FEE	7	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
тс	TAL CHARGE	ABLE CLAIMS	52mir	nus 20=	* 32			X\$ 9=		OR	X\$18=	576
INC	EPENDENT CI	LAIMS	24 mi	nus 3 =	*			X43=		OR	X86=	86
MULTIPLE DEPENDENT CLAIM PRESENT						· 🗆		+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column						column 2		TOTAL		OR	TOTAL	1,432
CLAIMS AS AMENDED - PART II								CMALL	ENITITY	, OD	OTHER SMALL	
		(Column 1)		(Colun		(Column 3)	Column 3) SMALL			OR.	SWALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CLIAINA	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	9	OR	+290=	
1/47 177 17								TOTAL		ام	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	r d
AME	Independent	*	Minus	***	CL AINA	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
										OR	TOTAL ADDIT. FEE	
ADDIT. FEE L (Column 1) (Column 2) (Column 3)										·		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus			=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	OF MULTIPLE DEPE		CLAIM				•	.		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL	
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	n 20, enter "20."	A	DDIT. FEE		OR ,	DDIT. FEE	
		mber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	